UNOFFICIAL COPY



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282

Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 5028 SUBURBAN BANK &

CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071



Doc#: 0831022051 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 11/05/2008 01:54 PM Pg: 1 of 1

Oleridale, OA 91203 3071	AN"		
		THE ABOVE SPACE IS FOR FILING OFFICE	JSE ONLY
0402817141 01/28/04 CC IL Cook+		1b. This FINANCING STATEME to be filed [for record] (or record REAL ESTATE RECORDS.	NT AMENDMENT is corded) in the
TERMINATION: Effectiveness of the Firstneing Statement identified ab	pove is terminated with respect to security	interest(s) of the Secured Party authorizing this T	ermination Statement.
CONTINUATION: Effectiveness of the Fin and ig Statement identified ab continued for the additional period provided by ap include law.	pove with respect to the security interest(s) of the Secured Party authorizing this Continuation	n Statement is
ASSIGNMENT (full or partial): Give name of assign ec in item 7a or	or 7b and address of assignee in 7c	and also give name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment afforcing the Also check one of the following three boxes and provide an propriate in CHANGE name and/or address. Give current record name in item Change) in item 7a or 7b and/or new address (if address ich in	nformation in items 6 and/or 7.		
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	4		
R 6b. INDIVIDUAL'S LAST NAME	FIRST MAME	MIDDLE NAME	SUFFIX
SHAH-KHAN	SARDAR	M	
. CHANGED (NEW) OR ADDED INFORMATION:	70.		
7a. ORGANIZATION'S NAME	9		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTION</u> ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	7f. JÚRISDICTION OF ORGANIZA	TION 7 J. ORGANIZATIONAL ID #, if ar	NONE
AMENDMENT (COLLATERAL CHANGE): check only one box.	oregoing; all records of any ineral intangibles and account in NORTH STATE OF THE ACT OF	quired later; all accession; addition relating to any of the foregoinnts proceeds) THE SOUTH 40 FHORE BOULEVARD SUBDIVISIONORTH, RANGE 14, EAST OF THE Real Property of	EET OF LOT 2. ON OF THE HE THIRD its address is
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing OBARBAN BANK & TRUST CO	ENDMENT (name of assignor, if this is zed by a Debtor, check here and ente	an Assignment). If this is an Amendment authorize r name of DEBTOR authorizing this Amendment.	d by a Debtor which
OR 96 INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

15974993 Debtor Name: SHAH-KHAN, SARDAR M. 12652 SHAH-KHAN

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

Prepared by CT Lien Solutions, P.O. Box 2907 Glendale, CA 91209-9071 Tel (800) 331-3282